

FILED MAY 18 1949

STANDARD CERTIFICATE OF DEATH

State File No. 4128
REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY 45	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ste. Genevieve 3	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) R. R. #1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Park Lane Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Mary Magdelene b. (Middle) Fallert c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) 5-7-49			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 23, 1866	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY At. Home		11. BIRTHPLACE (State or foreign country) Zell, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Frank Oberle	13b. MOTHER'S MAIDEN NAME Mary M. Schweigert	14. NAME OF HUSBAND OR WIFE John Fallert
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No Nil		16. SOCIAL SECURITY NO. -----
17. INFORMANT'S SIGNATURE OR NAME Edward W. Klein, Ste. Genevieve		ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute dilitation of heart.		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis.		
	DUE TO (c) Myocarditis.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION No surgery.	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 93rd
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4520

22. I hereby certify that I attended the deceased from Mar. 8, 1949, to May 7, 1949, that I last saw the deceased alive on May 7, 1949, and that death occurred at 10:20 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Francis J. Smuck</i> M.D.	23b. ADDRESS 4930 Lindell Blvd. Saint Louis 8, Missouri	23c. DATE SIGNED May 7, '49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-9-49	24c. NAME OF CEMETERY OR CREMATORY Zell
24d. LOCATION (City, town, or county) (State) Zell, Missouri		

DATE REC'D BY LOCAL REG. MAY 8 1949	REGISTRAR'S SIGNATURE <i>J. B. Sosater</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, Int. 4700 Washington
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by WLE

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Chris P. Padwell

Licensed Embalmer No. 4077

P. O. Address _____

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.